

## EXHIBIT D

Messenger Second-Fifth Grade IEP Documents

Provo School District  
Special Education Services  
Parental Prior Notice

Sp.Ed. 11  
Aug. 89

Re: Bryan Messenger  
Student's Name

Date: 9-21-89

Dear Mr. & Mrs. Messenger,

The Canyon Crest Special Education Multidisciplinary team is considering the following action(s) checked below:

- |   |  |
|---|--|
| <input type="checkbox"/> Referral for Evaluation  | <input checked="" type="checkbox"/> Developing an Individualized Education Program for the student |
| <input type="checkbox"/> Evaluating the student's special needs                               | <input type="checkbox"/> Reviewing or revising the student's Individualized Education Program      |
| <input type="checkbox"/> Determining the student's eligibility for special education services | <input type="checkbox"/> Re-evaluating the student's need for continued special education services |
| <input type="checkbox"/> A change in Special Education service delivery                       | <input type="checkbox"/> A change in classification for receiving special education services       |
|   | <input checked="" type="checkbox"/> Other <u>reviewing testing results</u>                         |

1. This action is being proposed because of:

- ☒ Academic Concerns    ☐ Speech/Language Concerns    ☐ Behavior Concerns    ☐ Health Concerns    ☐ Program Planning  
☐ Continued Eligibility to receive special education services    ☐ Other \_\_\_\_\_

2. Prior to this proposal, the following options were attempted and rejected:

- ☐ Student and Parent Conferences    ☐ Academic Adjustments and tracking    ☐ Schedule/Teacher Change    ☐ Tutoring  
☐ School Disciplinary Actions    ☒ Not Applicable    ☐ Other \_\_\_\_\_

3. The above listed options were rejected because:

- ☐ Concerns expressed in item 1 continue to exist    ☒ Not Applicable    ☐ Other \_\_\_\_\_

4. The action proposed above is based on the following evaluation procedures, tests, or records, or reports:

- ☐ Teacher Observation and Records    ☒ Achievement Test Scores    ☐ Curriculum Based Assessment  
☒ Multidisciplinary Team Report    ☐ Not Applicable    ☒ Other psy. testing

5. Other factors relevant to the action proposed above are:

- ☒ Parent Concern    ☐ Student Concern    ☐ None    ☐ Other \_\_\_\_\_

Your assistance is requested to: ☐ Sign and return the permission to test form. (Tests to be used as noted on the form.)  
☐ Complete the enclosed \_\_\_\_\_ and return it to us.  
☒ Arrange to meet with the team to discuss the above proposed action, as described below.

Proposed Meeting Arrangements

Date: Monday Sept. 25, 1989 Time: 3:00 pm We will be meeting at: Canyon Crest psychologists office  
At the present time we anticipate that Mrs. Bliss, Ms. Holbrook, Miss Thompson,  
\_\_\_\_\_ will be meeting with us. Please let us know if this is a convenient time for you so that we can finalize the plans for the meeting. If you wish to have someone else attend with you, you may do so.

Please call Tresa Wallis at 314-4995 between the hours of 8:30 and 4:00 if you have any questions about the information provided above.

A copy of Parent Rights is enclosed. Please read them carefully. We will review these with you when we meet.

Sincerely,

Tresa J. Wallis

Provo School District  
Special Education Services  
Parental Prior Notice

Sp.Ed. 11  
Aug. 89

Re: Bryan Messenger  
Student's Name

Date: 9-5-89

Dear Mr. & Mrs. Messenger,

The Canyon Crest Special Education Multidisciplinary team is considering the following action(s) checked below:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Referral for Evaluation  | <input type="checkbox"/> Developing an Individualized Education Program for the student            |
| <input checked="" type="checkbox"/> Evaluating the student's special needs                               | <input type="checkbox"/> Reviewing or revising the student's Individualized Education Program      |
| <input checked="" type="checkbox"/> Determining the student's eligibility for special education services | <input type="checkbox"/> Re-evaluating the student's need for continued special education services |
| <input type="checkbox"/> A change in Special Education service delivery                                  | <input type="checkbox"/> A change in classification for receiving special education services       |
|  | <input type="checkbox"/> Other _____   |

1. This action is being proposed because of:

- ☒ Academic Concerns    ☐ Speech/Language Concerns    ☒ Behavior Concerns <sup>attention span</sup>    ☐ Health Concerns    ☐ Program Planning  
☐ Continued Eligibility to receive special education services    ☐ Other \_\_\_\_\_

2. Prior to this proposal, the following options were attempted and rejected:

- ☐ Student and Parent Conferences    ☐ Academic Adjustments and tracking    ☐ Schedule/Teacher Change    ☐ Tutoring  
☐ School Disciplinary Actions    ☒ Not Applicable    ☐ Other \_\_\_\_\_

3. The above listed options were rejected because:

- ☐ Concerns expressed in item 1 continue to exist    ☒ Not Applicable    ☐ Other \_\_\_\_\_

4. The action proposed above is based on the following evaluation procedures, tests, or records, or reports:

- ☐ Teacher Observation and Records    ☐ Achievement Test Scores    ☐ Curriculum Based Assessment  
☐ Multidisciplinary Team Report    ☒ Not Applicable    ☐ Other \_\_\_\_\_

5. Other factors relevant to the action proposed above are:

- ☒ Parent Concern    ☐ Student Concern    ☐ None    ☐ Other \_\_\_\_\_

Your assistance is requested to: ☒ Sign and return the permission to test form. (Tests to be used as noted on the form.)  
☐ Complete the enclosed \_\_\_\_\_ and return it to us.  
☐ Arrange to meet with the team to discuss the above proposed action, as described below.

Proposed Meeting Arrangements

Date: \_\_\_\_\_ Time: \_\_\_\_\_ We will be meeting at: \_\_\_\_\_

At the present time we anticipate that \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ will be meeting with us. Please let us know if this is a convenient time for you so that we can finalize the plans for the meeting. If you wish to have someone else attend with you, you may do so.

Please call Jresa Wallis at 374-4995 between the hours of 9:00 and 3:00 if you have any questions about the information provided above.

A copy of Parent Rights is enclosed. Please read them carefully. We will review these with you when we meet.

Sincerely,

Jresa J. Wallis



PROVO SCHOOL DISTRICT  
Provo, Utah 84604I. E. P.  
GOALS AND OBJECTIVESSp.Ed. 5c  
Aug. 89Student Name: Bryan Messenger School: Canyon Crest Date: 9-28-89  
Annual Goal: Bryan will improve reading fluency.Person Responsible: Jessa Wallis

If service is provided less than daily complete the following:

Circle days served:

M T W R F

Duration of service session (hrs./mins.):

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

## Short Term Objectives: (Minimum of 2)

- 1- Bryan will use phonics to decode words as measured by 80% accuracy on skill lesson informal tests at least 3 times a week and mastery tests as scheduled.
- 2- Bryan will read selected passages from the assigned basal text with 80% accuracy as measured by individual pupil/teacher or aide conference at least 3 times a week.
- 3- Bryan will increase his reading rate of Dolch phrases as measured by 2 min. timings at least 3 times a week.

## Evaluation/Data Collection Procedure (Indicate at least 1)

Observation (include frequency)

Informal Assessment (method)

Formal Assessment (test)

*modified PT timings conference with teacher or aide, informal phonics tests*

## Quarterly Review of Short Term Objectives

|   | 1st   | 2nd  | 3rd   | 4th  |
|---|---|--|---|--|
| Date Reviewed   | 10-25-89  | 1-12-90  | 3-21-90   | 5-25-90  |
| Goal Met, Progress Made, No Change  | Progress made                                     | Progress made  | Progress made   | Progress made  |
| Comments/Results:   | From 12 to 20 phonic words Completed 2 pre-pumers | Completed (passed) 20 phonic tests Completed 3rd pre-pumer, back 1 story to complete Dolch (1) test. | Completed (passed) 21 phonic tests Completed Sunshine (1) test and 9 stories in memorization (12) test. | #1 passed 20 phonic tests #2 Completed memorization (12) test + 5 stories in skylight test. #3 Goal met! |
| Dolch rate page 1 (36 to 72 words) White copy retained in blue folder, yellow for school use, pink copy to parent or student. Page 2, 3, 4 of Dolch phrases and is working on page 5. |   |  |   |  |
| Passed off all 5 pages.   |   |  |   |  |



PROVO SCHOOL DISTRICT  
Provo, Utah 84604

I. E. P.  
GOALS AND OBJECTIVES

Sp.Ed. 5c  
Aug. 89

Student Name: Bryan Messenger School: Canyon Crest Date: 9-28-89

Annual Goal: Bryan will increase written language skills.

Person Responsible: Dresa Wallis

If service is provided less than daily complete the following:

Circle days served:

M T W R F

Duration of service session (hrs./mins.):

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

Short Term Objectives: (Minimum of 2)

1- Bryan will correctly spell words from the Signs to Sounds program with 80% accuracy as measured by lesson tests at least 3 times a week.

2- Bryan will write <sup>selected</sup> letters in manuscript with 100% legibility as measured by daily work samples and bi-monthly informal teacher made tests.

3rd P. changed to cursive 2-2-90 See Parent Contact record

Evaluation/Data Collection Procedure (Indicate at least 1)

Observation (include frequency)

Informal Assessment (method)

Formal Assessment (test)

spelling lesson tests, work samples, teacher made tests.

Quarterly Review of Short Term Objectives

|                                    | 1st   | 2nd  | 3rd   | 4th  |
|------------------------------------|---|--|---|--|
| Date Reviewed                      | 10-25-89  | 1-12-90  | 3-21-90   | 5-25-90  |
| Goal Met, Progress Made, No Change | Progress made                                       | Progress made  | Progress made   | Progress made  |
| Comments/Results:                  | #1 Passed 8 spelling tests<br>#2 see writing sample | #1 Passed 20 spelling tests<br>#2 See writing sample + check-up test | #1 Passed 11 tests in spelling program<br>#2 Good progress in cursive writing | #1 Passed Level I mastery test 85%<br>#2 Done very well on letter formation. needs more work on fluency. |

\*\*\* White copy retained in blue folder, yellow for school use, pink copy to parent or student. \*\*\*

and 13 units on level II

ROVO SCHOOL DISTRICT  
Provo, Utah 84604I. E. P.  
GOALS AND OBJECTIVESSp.Ed. 5c  
Aug. 89Student Name: Bryan Messenger School: Canyon Crest Date: 9-28-89  
Annual Goal: Bryan will improve reading fluency.Person Responsible: Jresa Wallis

If service is provided less than daily complete the following:

Circle days served:

M

T

W

R

F

Duration of service session (hrs./mins.):

## Short Term Objectives: (Minimum of 2)

- 1- Bryan will use phonics to decode words as measured by 80% accuracy on skill lesson informal tests at least 3 times a week and mastery tests as scheduled.
- 2- Bryan will read selected passages from the assigned basal text with 80% accuracy as measured by individual pupil/teacher or aide conference at least 3 times a week.
- 3- Bryan will increase his reading rate of Dolch phrases as measured by 2 min. timings at least 3 times a week.

## Evaluation/Data Collection Procedure (Indicate at least 1)

Observation (include frequency) \_\_\_\_\_

Informal Assessment (method) \_\_\_\_\_

Formal Assessment (test) \_\_\_\_\_

modified PT timings conference with teacher or aide, informal phonics tests

## Quarterly Review of Short Term Objectives

|                                    | 1st   | 2nd  | 3rd  | 4th |
|------------------------------------|---|--|--|-----|
| Date Reviewed                      | 10-25-89  | 1-12-90  | 3-21-90  |     |
| Goal Met, Progress Made, No Change | Progress made                                     | Progress made  | Progress made  |     |
| Comments/Results:                  | From 12 to 30 phonic words Completed 2 pre-pumers | Completed (passed) 20 phonic tests Completed 3rd pre-pumer, back 1 story to complete text and Sunshine (1) test. | Completed (passed) 21 phonic tests Completed Sunshine (1) story to complete text and 9 stories in moonbeam (2) test. |     |

Dolch, note page 1 Completed Dolch page 1 Completed  
(36 to 72 words) & is working on page 2 Page 2, 3, 4 of Dolch  
White copy retained in blue folder, yellow for school use, pink copy to parent or student. 6 phrases and is working



ROVO SCHOOL DISTRICT  
Provo, Utah 84604

I. E. P.  
GOALS AND OBJECTIVES

Sp.Ed. 5c  
Aug. 89

Student Name: Bryan Messenger School: Canyon Crest Date: 9-28-89

Annual Goal: Bryan will increase written language skills.

Person Responsible: Iresa Wallis

If service is provided less than daily complete the following:

Circle days served:

M T W R F

Duration of service session (hrs./mins.):

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

Short Term Objectives: (Minimum of 2)

1- Bryan will correctly spell words from the Signs to Sounds program with 80% accuracy as measured by lesson tests at least 3 times a week.

2- Bryan will write <sup>selected</sup> letters in manuscript with 100% legibility as measured by daily work samples and bimonthly informal teacher made tests.

3-2-90  
Cursive  
See P. 10  
Contact re.

Evaluation/Data Collection Procedure (Indicate at least 1)

Observation (include frequency)

Informal Assessment (method)

Formal Assessment (test)

spelling lesson tests, work samples, teacher made tests.

Quarterly Review of Short Term Objectives

|                                    | 1st   | 2nd  | 3rd   | 4th |
|------------------------------------|---|--|---|-----|
| Date Reviewed                      | 10-25-89  | 1-12-90  | 3-21-90   |     |
| Goal Met, Progress Made, No Change | Progress made                                       | Progress made  | Progress made   |     |
| Comments/Results:                  | #1 Passed 8 spelling tests<br>#2 see writing sample | #1 Passed 20 spelling tests<br>#2 see writing sample & check-up writing test | #1 Passed 11 tests in spelling program<br>#2 Good progress in cursive |     |



## RESOURCE—PROGRESS REPORT

Subjects in Resource: Reading, Spelling,  
HandwritingStudent: Bryan Messenger  
Date: 1989-90 School Year  
Grade: 2 Teacher: Trish WallerIEP GoalsImprove Reading Fluency

1. Use phonics to decode words
2. Progress in assigned basal text
3. Increase reading rate of Dolch phrases
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

## Quarterly Review of Short Term Objectives

|                                       | 1st   | 2nd   | 3rd | 4th |
|---------------------------------------|---|---|-----|-----|
| Date Reviewed                         | 10-25-89  | 1-12-90   |     |     |
| Goal Met, Progress Made,<br>No Change | Progress<br>made  | Progress<br>made (passed)   |     |     |
| Comments/Results:                     | From 12 to 28<br>30 phonic words<br>Completed 2<br>pre-primers<br><br>Dolch rate page 1<br>(36 to 72 words) | Completed 20<br>phonic tests<br>Completed 3rd<br>pre-primers,<br>Dolch 1 story to<br>Complete Sunshine (1)<br>Test. Completed<br>Dolch page 1 and is<br>working on Dolch p. 2 |     |     |

Increase Reading Comprehension Skills

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

## Quarterly Review of Short Term Objectives

|                                       | 1st | 2nd | 3rd | 4th |
|---------------------------------------|-----|-----|-----|-----|
| Date Reviewed                         |     |     |     |     |
| Goal Met, Progress Made,<br>No Change |     |     |     |     |
| Comments/Results:                     |     |     |     |     |

## RESOURCE—PROGRESS REPORT

Subjects in Resource: Reading, Spelling,HandwritingStudent: Brynn MessingerDate: 1989-90 School YearGrade: 2 Teacher: Fresh WallisIEP GoalsProgress in Spelling — Signs for Sounds Spelling Program

## Quarterly Review of Short Term Objectives

|                                       | 1st                        | 2nd                         | 3rd | 4th |
|---------------------------------------|----------------------------|-----------------------------|-----|-----|
| Date Reviewed                         | 10-25-89                   | 1-12-90                     |     |     |
| Goal Met, Progress Made,<br>No Change | Progress made              | Progress made               |     |     |
| Comments/Results:                     | Passed<br>8 spelling tests | Passed<br>20 spelling tests |     |     |

Improve in Handwriting — O'Nealian manuscript

## Quarterly Review of Short Term Objectives

|                                       | 1st                 | 2nd                                 | 3rd | 4th |
|---------------------------------------|---------------------|-------------------------------------|-----|-----|
| Date Reviewed                         | 10-25-89            | 1-12-90                             |     |     |
| Goal Met, Progress Made,<br>No Change | Making Progress     | Progress made                       |     |     |
| Comments/Results:                     | See writing samples | See writing samples & check-up test |     |     |

Improve in Composition Skills

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## Quarterly Review of Short Term Objectives

|                                       | 1st | 2nd | 3rd | 4th |
|---------------------------------------|-----|-----|-----|-----|
| Date Reviewed                         |     |     |     |     |
| Goal Met, Progress Made,<br>No Change |     |     |     |     |
| Comments/Results:                     |     |     |     |     |

## RESOURCE—PROGRESS REPORT

Subjects in Resource: Reading, Spelling,  
HandwritingStudent: Bryan Messenger  
Date: 1989-90 School Year  
Grade: 2 Teacher: Jessie WallisIEP GoalsImprove Reading Fluency

1. Use phonics to decode words
2. Progress in assigned basal text
3. Increase reading rate of Dolch phrases
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Quarterly Review of Short Term Objectives

|                                       | 1st   | 2nd | 3rd | 4th |
|---------------------------------------|---|-----|-----|-----|
| Date Reviewed                         | 10-25-89  |     |     |     |
| Goal Met, Progress Made,<br>No Change | Progress<br>made  |     |     |     |
| Comments/Results:                     | from 12 to 28<br>phonics words<br>Completed 2<br>pre-primers<br><br>Dolch rate page 1<br>(36 to 72 words) |     |     |     |

Increase Reading Comprehension Skills

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Quarterly Review of Short Term Objectives

|                                       | 1st | 2nd | 3rd | 4th |
|---------------------------------------|-----|-----|-----|-----|
| Date Reviewed                         |     |     |     |     |
| Goal Met, Progress Made,<br>No Change |     |     |     |     |
| Comments/Results:                     |     |     |     |     |



## RESOURCE—PROGRESS REPORT

Subjects in Resource: Reading, Spelling,  
HandwritingStudent: Brynn Messenger  
Date: 1989-90 School Year  
Grade: 2 Teacher: Jessie WallisIEP GoalsProgress in Spelling — Signs for Sounds Spelling Program

## Quarterly Review of Short Term Objectives

|                                       | 1st                        | 2nd | 3rd | 4th |
|---------------------------------------|----------------------------|-----|-----|-----|
| Date Reviewed                         | 10-25-89                   |     |     |     |
| Goal Met, Progress Made,<br>No Change | Progress made              |     |     |     |
| Comments/Results:                     | Passed<br>8 spelling tests |     |     |     |

Improve in Handwriting — O'Nealon manuscript

## Quarterly Review of Short Term Objectives

|                                       | 1st                    | 2nd | 3rd | 4th |
|---------------------------------------|------------------------|-----|-----|-----|
| Date Reviewed                         | 10-25-89               |     |     |     |
| Goal Met, Progress Made,<br>No Change | Making Progress        |     |     |     |
| Comments/Results:                     | See<br>writing samples |     |     |     |

Improve in Composition Skills

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## Quarterly Review of Short Term Objectives

|                                       | 1st | 2nd | 3rd | 4th |
|---------------------------------------|-----|-----|-----|-----|
| Date Reviewed                         |     |     |     |     |
| Goal Met, Progress Made,<br>No Change |     |     |     |     |
| Comments/Results:                     |     |     |     |     |

PROVO SCHOOL DISTRICT  
Provo, Utah 84604

Sp.Ed. 5a  
Aug. 89

**INDIVIDUALIZED EDUCATION PROGRAM  
(I.E.P.)**

Student: Bryan Messenger Grade: 2 School: Canyon Crest  
Birthdate: Dec. 4 1981 Parent/Guardian/Surrogate: Jane Ann Messenger  
Phone: 225-7847 Address: 4895 W. Edgewood, Provo Zip: 84604

Primary Classification: Learning Disabled

Is there a secondary handicapping condition of ☐ Yes ☒ No  
Communicative Disorder present?

Amount of time served by Special Education weekly.

Hours: 8 Mins.: 15

Date Services Initiated: Oct. 2, 1989

Amount of time student will participate in the regular education program.

Duration of I.E.P.: 1 year

Hours: 19 Mins.: 15

Related Services which are required for student to benefit from special education :

14 x 5 days  
1/2 x 4 days

**Statement of Student's Current Level of Educational Strengths and Weaknesses**

Bryan has a good understanding of social studies and science concepts. He loves to listen to stories. He has good verbal skills. He can explain concepts. He is easily distracted in math. He is below grade level in reading and spelling.

My signature signifies that I have participated in the development of the goals outlined and that I understand and have received a copy of my parental rights.

Signatures

Date

☒ Parent ☐ Guardian ☐ Surrogate:

Jane Ann Messenger

9-28-89

☐ Parent ☐ Guardian ☐ Surrogate:

LEA Representative:

Karla M. Thompson

9-28-89

Classroom Teacher:

Kathleen L. Anderson

9-28-89

Special Ed. Teacher:

Jessie J. Wallis

9-28-89

Counselor/Psychologist:

Donna C. Wilson

9-28-89

Speech/Lang./Hearing Specialist:

[Signature]

Student:

Other:

PROVO SCHOOL DISTRICT  
Provo, Utah 84604

I. E. P.  
GOALS AND OBJECTIVES

Sp.Ed. 5c  
Aug. 89

Student Name: Bryan Messenger School: Canyon Crest Date: 9-28-89

Annual Goal: Bryan will improve reading fluency.

Person Responsible: Jessa Wallis

If service is provided less than daily complete the following:

Circle days served:

|   |   |   |   |   |
|---|---|---|---|---|
| M | T | W | R | F |
|   |   |   |   |   |

Duration of service session (hrs./mins.):

Short Term Objectives: (Minimum of 2)

- 1- Bryan will use phonics to decode words as measured by 80% accuracy on skill lesson informal tests at least 3 times a week and mastery tests as scheduled.
- 2- Bryan will read selected passages from the assigned book text with 80% accuracy as measured by individual pupil/teacher or aide conference at least 3 times a week.
- 3- Bryan will increase his reading rate of 100 words as measured by 2 min. timings at least 3 times a week.

Evaluation/Data Collection Procedure (Indicate at least 1)

Observation (include frequency) \_\_\_\_\_

Informal Assessment (method) modified PT timings conference with

Formal Assessment (test) teacher or aide, informal phonics tests

Quarterly Review of Short Term Objectives

|                                       | 1st | 2nd | 3rd | 4th |
|---------------------------------------|-----|-----|-----|-----|
| Date Reviewed                         |     |     |     |     |
| Goal Met, Progress Made,<br>No Change |     |     |     |     |
| Comments/Results:                     |     |     |     |     |



PROVO SCHOOL DISTRICT  
Provo, Utah 84604

I. E. P.  
GOALS AND OBJECTIVES

Sp.Ed. 5c  
Aug. 89

Student Name: Bryan Messenger School: Canyon Crest Date: 9-28-89

Annual Goal: Bryan will increase written language skill.

Person Responsible: Dessa Wallis

If service is provided less than daily complete the following:

Circle days served:

M T W R F

Duration of service session (hrs./mins.):

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

Short Term Objectives: (Minimum of 2)

- 1- Bryan will correctly spell words from the Signs to Sounds program with 80% accuracy as measured by lesson tests at least 3 times a week.
- 2- Bryan will write selected letters in manuscript with 100% legibility as measured by daily work samples and bi-monthly informal teacher made tests.

Evaluation/Data Collection Procedure (Indicate at least 1)

Observation (include frequency)

Informal Assessment (method)

Formal Assessment (test)

spelling lesson tests, work samples, teacher made tests.

Quarterly Review of Short Term Objectives

|                                       | 1st | 2nd | 3rd | 4th |
|---------------------------------------|-----|-----|-----|-----|
| Date Reviewed                         |     |     |     |     |
| Goal Met, Progress Made,<br>No Change |     |     |     |     |
| Comments/Results:                     |     |     |     |     |

PROVO SCHOOL DISTRICT  
Provo, Utah 84604

Sp.Ed. 5a  
Aug. 89

# INDIVIDUALIZED EDUCATION PROGRAM (I.E.P.)

Student: Bray Messenger Grade: 3 School: Canyon Crest  
 Birthdate: 12-4-81 Parent/Guardian/Surrogate: Jane Ann Messenger  
 Phone: 225-7847 Address: 4895 W Edgewood Zip: 84604

Primary Classification: Learning Disabled

Is there a secondary handicapping condition of ☐ Yes ☐ No  
 Communicative Disorder present?

Amount of time served by Special Education weekly.

Hours: 8 Mins.: 45

Date Services Initiated: 10-4-90

Amount of time student will participate in the regular education program.

Hours: 18 Mins.: 15

Duration of I.E.P.: 1 yr.

Related Services which are required for student to benefit from special education :

## Statement of Student's Current Level of Educational Strengths and Weaknesses

Extremely good natured and well mannered.  
Participates in verbal presentations - social  
studies, Science, humanities etc.  
He has a positive attitude, and tries  
every assignment.

My signature signifies that I have participated in the development of the goals outlined and that I understand and have received a copy of my parental rights.

Signatures

Date

☐ Parent ☐ Guardian ☐ Surrogate:

☐ Parent ☐ Guardian ☐ Surrogate:

LEA Representative:

Classroom Teacher:

Special Ed. Teacher:

Counselor/Psychologist:

Speech/Lang./Hearing Specialist:

Student:

Other:

10-4-90

10-4-90

10-4-90

10-4-90

**Provo School District  
Special Education Services  
Parental Prior Notice**

Sp.Ed. 11  
Aug. 89

Re: Rayan Messenger  
Student's Name

Date: Oct 1, 1999

Dear Mr. & Mrs. Messenger,

The Canyon Crest Special Education Multidisciplinary team is considering the following action(s) checked below:

- |   |  |
|---|--|
| <input type="checkbox"/> Referral for Evaluation  | <input type="checkbox"/> Developing an Individualized Education Program for the student            |
| <input type="checkbox"/> Evaluating the student's special needs                               | <input type="checkbox"/> Reviewing or revising the student's Individualized Education Program      |
| <input type="checkbox"/> Determining the student's eligibility for special education services | <input type="checkbox"/> Re-evaluating the student's need for continued special education services |
| <input type="checkbox"/> A change in Special Education service delivery                       | <input type="checkbox"/> A change in classification for receiving special education services       |
|   | <input type="checkbox"/> Other _____   |

1. This action is being proposed because of:

- |   |   |  |  |   |
|---|---|--|--|---|
| <input type="checkbox"/> Academic Concerns  | <input type="checkbox"/> Speech/Language Concerns | <input type="checkbox"/> Behavior Concerns | <input type="checkbox"/> Health Concerns | <input type="checkbox"/> Program Planning |
| <input type="checkbox"/> Continued Eligibility to receive special education services <input type="checkbox"/> Other _____ |   |  |  |   |

2. Prior to this proposal, the following options were attempted and rejected:

- |   |  |  |                                   |
|---|--|--|-----------------------------------|
| <input type="checkbox"/> Student and Parent Conferences | <input type="checkbox"/> Academic Adjustments and tracking | <input type="checkbox"/> Schedule/Teacher Change | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> School Disciplinary Actions    | <input type="checkbox"/> Not Applicable                    | <input type="checkbox"/> Other _____             |                                   |

3. The above listed options were rejected because:

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Concerns expressed in item 1 continue to exist | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Other _____ |
|---|---|--------------------------------------|

4. The action proposed above is based on the following evaluation procedures, tests, or records, or reports:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Teacher Observation and Records | <input type="checkbox"/> Achievement Test Scores | <input type="checkbox"/> Curriculum Based Assessment |
| <input type="checkbox"/> Multidisciplinary Team Report   | <input type="checkbox"/> Not Applicable          | <input type="checkbox"/> Other _____                 |

5. Other factors relevant to the action proposed above are:

- |   |  |                               |                                      |
|---|--|-------------------------------|--------------------------------------|
| <input type="checkbox"/> Parent Concern | <input type="checkbox"/> Student Concern | <input type="checkbox"/> None | <input type="checkbox"/> Other _____ |
|---|--|-------------------------------|--------------------------------------|

Your assistance is requested to: ☐ Sign and return the permission to test form. (Tests to be used as noted on the form.)  
☐ Complete the enclosed \_\_\_\_\_ and return it to us.  
☒ Arrange to meet with the team to discuss the above proposed action, as described below.

**Proposed Meeting Arrangements**

|  |                   |  |
|--|-------------------|--|
| Date: <u>Oct 4</u>   | Time: <u>1:30</u> | We will be meeting at: <u>Canyon Crest</u> |
| At the present time we anticipate that <u>Mr. Holt</u> , <u>Mr. Tibbitts</u> , _____,  |                   |  |
| _____ will be meeting with us. Please let us know if this is a convenient time for you so that we can finalize the plans for the meeting. If you wish to have someone else attend with you, you may do so. |                   |  |

Please call Shauna Kaby at 374-4995 between the hours of 9 and 3:30 if you have any questions about the information provided above.

A copy of Parent Rights is enclosed. Please read them carefully. We will review these with you when we meet.

Sincerely,

Louise Holt



PROVO SCHOOL DISTRICT  
Provo, Utah 84604

I. E. P.  
GOALS AND OBJECTIVES

Sp.Ed. 5c  
Aug. 89

Student Name: Bryan Messenger School: Canyon Crest Date: 10-4-90

Annual Goal: Bryan will increase written language

Person Responsible: \_\_\_\_\_

If service is provided less than daily complete the following:

Circle days served:

| M | T | W | R | F |
|---|---|---|---|---|
|   |   |   |   |   |

Duration of service session (hrs./mins.):

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

Short Term Objectives: (Minimum of 2)

1. Bryan will complete the 2nd level of sight to sounds spelling words with an 80% accuracy measured daily.
2. Bryan will practice the spelling words that correlate with the regular classroom reading series. He will spell the words at an 80% accuracy as measured by informal testing in resource.
3. Each spelling word will be written in a sentence. He will practice manuscript and cursive handwriting.
4. He will be able to write cursive lettering at the 3rd grade level of expectation.

Evaluation/Data Collection Procedure (Indicate at least 1)

Observation (include frequency) \_\_\_\_\_

Informal Assessment (method) Teacher made tests and daily

Formal Assessment (test) written practice sheets.

Quarterly Review of Short Term Objectives

|                                       | 1st | 2nd | 3rd | 4th |
|---------------------------------------|-----|-----|-----|-----|
| Date Reviewed                         |     |     |     |     |
| Goal Met, Progress Made,<br>No Change |     |     |     |     |
| Comments/Results:                     |     |     |     |     |

PROVO SCHOOL DISTRICT  
Provo, Utah 84604

I. E. P.  
GOALS AND OBJECTIVES

Sp.Ed. 5c  
Aug. 89

Student Name: Bryan Messenger School: Canyon Crest Date: 10-4-90

Annual Goal: Bryan will improve his reading skills

Person Responsible: Louise Holt

If service is provided less than daily complete the following:

Circle days served:

|   |   |   |   |   |
|---|---|---|---|---|
| M | T | W | R | F |
|   |   |   |   |   |

Duration of service session (hrs./mins.):

Short Term Objectives: (Minimum of 2)

1. Read silently each morning for 12-15 min in resource.
2. Use the Kottymeyer reading "Conquest in Reading" phonic approach. He will achieve an 80% accuracy both in visual and auditory as measured by informal tests.
3. We will use the "Tower" basal. Bryan will read passages & complete all skills lessons using the language mostly manipulative and timed word tests daily. He will achieve an 80% accuracy.
4. We will move into the McGraw Hill series as materials become available.

Evaluation/Data Collection Procedure (Indicate at least 1)

Observation (include frequency) \_\_\_\_\_

Informal Assessment (method) H.M. assessments - informal reading

Formal Assessment (test) Inventories & teacher made tests

Quarterly Review of Short Term Objectives

|                                       | 1st | 2nd | 3rd | 4th |
|---------------------------------------|-----|-----|-----|-----|
| Date Reviewed                         |     |     |     |     |
| Goal Met, Progress Made,<br>No Change |     |     |     |     |
| Comments/Results:                     |     |     |     |     |



PROVO SCHOOL DISTRICT  
Provo, Utah 84604

Sp.Ed.2  
Aug. 90

# PARENTAL PERMISSION FOR EVALUATION FORM

To the Parent(s) of: Bryan Messenger

Date: Aug. 24, 1992

Student's Birthdate: 12/4/81 School: Canyon Crest Grade: 5

The purpose of this evaluation is to determine, by testing in several areas, your child's educational and/or social-emotional needs. The tests checked on the back of this form will be given by qualified personnel and will be in the student's primary language with an interpreter when appropriate. Evaluation procedures will be selected and administered free of racial and cultural bias to the greatest extent possible. No single test will be used as sole criterion for making determinations about your child. The evaluation may include individual testing in the areas indicated on the back, observations of the student in a group setting, parent interviews, teacher interviews, and/or a review of existing school records or reports.

As a parent, you are entitled to receive written notice and give written consent before the school initiates an evaluation of your child. If you disagree with the results of this evaluation, you may request an independent evaluation. Contact your local principal if you have questions.

Areas to be evaluated and specific tests which will be used are indicated on the back of this form.

If you have any questions concerning this evaluation, please contact the following person:

Name: Shauna Raby Position: Resource Phone: 221-9873

**I DO** hereby give my permission for the evaluation requested. I understand that all results will be kept confidential and reviewed with me.

\_\_\_\_\_  
Signature of Parent/Guardian/Surrogate

\_\_\_\_\_  
Date

**I DO NOT** hereby give my permission for the evaluation requested. I understand that this means my child will not be evaluated by special education for possible placement and service.

\_\_\_\_\_  
Signature of Parent/Guardian/Surrogate

\_\_\_\_\_  
Date

I have received prior notice of this action and I understand and have received a copy of my parental rights.

\_\_\_\_\_  
Initial of Parent/Guardian

\_\_\_\_\_  
Date



**Provo School District  
Special Education Services  
Parental Prior Notice**

Sp.Ed. 11  
Aug. 91

Re: \_\_\_\_\_  
Student's Name

Date: \_\_\_\_\_

Dear \_\_\_\_\_,

The \_\_\_\_\_ Special Education Multidisciplinary team is considering the following action(s) checked below:

- |   |  |
|---|--|
| <input type="checkbox"/> Referral for evaluation  | <input type="checkbox"/> Developing an "Individualized Education Program" for the student          |
| <input type="checkbox"/> Evaluating the student's special needs                               | <input type="checkbox"/> Reviewing or revising the student's "Individualized Education Program"    |
| <input type="checkbox"/> Determining the student's eligibility for special education services | <input type="checkbox"/> Re-evaluating the student's need for continued special education services |
| <input type="checkbox"/> A change in special education service delivery                       | <input type="checkbox"/> A change in classification for receiving special education services       |
|   | <input type="checkbox"/> Other _____   |

1. This action is being proposed because of:

- |   |   |  |  |   |
|---|---|--|--|---|
| <input type="checkbox"/> Academic concerns  | <input type="checkbox"/> Speech/language concerns | <input type="checkbox"/> Behavior concerns | <input type="checkbox"/> Health concerns | <input type="checkbox"/> Program planning |
| <input type="checkbox"/> Continued eligibility to receive special education services <input type="checkbox"/> Other _____ |   |  |  |   |

2. Prior to this proposal, the following options were attempted and rejected:

- |   |  |  |                                   |
|---|--|--|-----------------------------------|
| <input type="checkbox"/> Student and parent conferences   | <input type="checkbox"/> Academic adjustments and tracking | <input type="checkbox"/> Schedule/teacher change | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> School disciplinary actions <input type="checkbox"/> Not applicable <input type="checkbox"/> Other _____ |  |  |                                   |

3. The above listed options were rejected because:

- ☐ Concerns expressed in item 1 continue to exist ☐ Not applicable ☐ Other \_\_\_\_\_

4. The action proposed above is based on the following evaluation procedures, tests, records, or reports:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Teacher observation and records  | <input type="checkbox"/> Achievement test scores | <input type="checkbox"/> Curriculum based assessment |
| <input type="checkbox"/> Multidisciplinary team report <input type="checkbox"/> Not applicable <input type="checkbox"/> Other _____ |  |  |

5. Other factors relevant to the action proposed above are:

- ☐ Parent concern ☐ Student concern ☐ None ☐ Other \_\_\_\_\_

Your assistance is requested to: ☐ Sign and return the permission to test form. (Tests to be used as noted on the form.)  
☐ Complete the enclosed \_\_\_\_\_ and return it to us.  
☐ Arrange to meet with the team to discuss the above proposed action, as described below.

**Proposed Meeting Arrangements**

|  |             |                              |
|--|-------------|------------------------------|
| Date: _____  | Time: _____ | We will be meeting at: _____ |
| At the present time we anticipate that _____, _____, _____,  |             |                              |
| _____ will be meeting with us. Please let us know if this is a convenient time for you so that we can finalize the plans for the meeting. If you wish to have someone else attend with you, you may do so. |             |                              |

Please call \_\_\_\_\_ at \_\_\_\_\_ between the hours of \_\_\_\_\_ and \_\_\_\_\_ if you have any questions about the information provided above.

A copy of "Parent Rights" is enclosed. Please read it carefully. We will review this with you when we meet.

Sincerely,

PROVO SCHOOL DISTRICT  
Provo, Utah 84604

Sp.Ed. 5a  
Aug. 89

INDIVIDUALIZED EDUCATION PROGRAM  
(I.E.P.)

Student: Bryan Messenger Grade: 6 School: Canyon Crest  
Birthdate: 12-4-81 Parent/Guardian/Surrogate: Kent & Jane Ann Messenger  
Phone: 225-7847 Address: 79 W. 4500 N. Zip: 84604

Primary Classification: specific learning disability

Is there a secondary handicapping condition of ☐ Yes ☒ No  
Communicative Disorder present?

Amount of time served by Special Education weekly.

Hours: 1 Mins.: 15

Date Services Initiated: 9-14-93

Amount of time student will participate in the regular education program.

Duration of I.E.P.: 9-14-94

Hours: 25 Mins.: 45

Related Services which are required for student to benefit from special education :

Statement of Student's Current Level of Educational Strengths and Weaknesses

Writing scores 5<sup>th</sup> grade - 72, incomplete, 77, 86 - term scores  
Does well in math, science, social studies  
Does not do independent reading

My signature signifies that I have participated in the development of the goals outlined and that I understand and have received a copy of my parental rights.

Signatures

Date

☒ Parent ☐ Guardian ☐ Surrogate:

Jane Ann Messenger

9/14/93

☐ Parent ☐ Guardian ☐ Surrogate:

LEA Representative:

Classroom Teacher:

Special Ed. Teacher:

Counselor/Psychologist:

Speech/Lang./Hearing Specialist:

Student:

Other:

Rene L. Cunningham  
Shawn Katz

9/14/93

9/14/93



PROVO SCHOOL DISTRICT  
Provo, Utah 84604

I. E. P.  
GOALS AND OBJECTIVES

Sp.Ed. 5b  
Aug. 89

Student Name: Bryan Messenger School: Canyon Crest Date: 9-14-93

Annual Goal: Bryan will improve his written language skills.

Person Responsible: Shauna Roby / Rene Cunningham

If service is provided less than daily complete the following:

Circle days served:

M T W R F

Duration of service session (hrs./mins.):

15 mins. —

Short Term Objectives: (Minimum of 2)

- 1) Bryan will have access to a word processor to use for writing assignments.
- 2) Bryan will turn in assignments by due date.

Evaluation/Data Collection Procedure (Indicate at least 1)

Observation (include frequency) \_\_\_\_\_

Informal Assessment (method) Teacher records

Formal Assessment (test) \_\_\_\_\_

Quarterly Review of Short Term Objectives

|                                    | 1st | 2nd | 3rd | 4th |
|------------------------------------|-----|-----|-----|-----|
| Date Reviewed                      |     |     |     |     |
| Goal Met, Progress Made, No Change |     |     |     |     |
| Comments/Results:                  |     |     |     |     |



PROVO SCHOOL DISTRICT  
Provo, Utah 84604

Sp.Ed. 5a  
Aug. 89

INDIVIDUALIZED EDUCATION PROGRAM  
(I.E.P.)

Student: Bryan Messenger Grade: 5 School: Canyon Crest  
Birthdate: 12-4-81 Parent/Guardian/Surrogate: Kent & Jane Ann Messenger  
Phone: 225-7847 Address: 79W. 4500N. Zip: 84604

Primary Classification: Learning disability - written language

Is there a secondary handicapping condition of ☐ Yes ☒ No  
Communicative Disorder present?

Amount of time served by Special Education weekly.

Hours: 2 hrs. Mins.: in class

Date Services Initiated: 10-5-92

Amount of time student will participate in the regular education program.

Duration of I.E.P.: 1 yr.

Hours: 27 Mins.:

Related Services which are required for student to benefit from special education :

Statement of Student's Current Level of Educational Strengths and Weaknesses

Good innate ability. High verbal scores  
Slow fine motor speed. Does not like writing  
Excellent, athletic & musical abilities  
Good math skills  
Doing well in class  
Needs extra assistance in writing

My signature signifies that I have participated in the development of the goals outlined and that I understand and have received a copy of my parental rights.

Signatures

Date

☒ Parent ☐ Guardian ☐ Surrogate: Jane Ann Messenger 5 Oct. 92

☐ Parent ☐ Guardian ☐ Surrogate:

LEA Representative:  5 Oct. 92

Classroom Teacher: Nickie Gannaworth 10-5-92

Special Ed. Teacher: Sharon Rakey 10-5-92

Counselor/Psychologist:

Speech/Lang./Hearing Specialist:

Student:

Other:

PROVO SCHOOL DISTRICT  
Provo, Utah 84604

I. E. P.  
GOALS AND OBJECTIVES

Sp.Ed. 5b  
Aug. 89

Student Name: Bryan Messenger School: Canyon Crest Date: 10-5-92

Annual Goal: Bryan will improve his written language skills

Person Responsible: Sharon Raby / Mike Fairweather

If service is provided less than daily complete the following:

Circle days served:

Duration of service session (hrs./mins.):

| M      | T         | W | R | F |
|--------|-----------|---|---|---|
| 30 min | 4x weekly |   |   |   |

Short Term Objectives: (Minimum of 2)

1) Bryan will complete written language assignments by due date.

2) Bryan will use proof reading skills to edit his creative writing.

3) Bryan will use correct spelling, punctuation and usage in final copy of creative writing with 95% accuracy.

Evaluation/Data Collection Procedure (Indicate at least 1)

Observation (include frequency) \_\_\_\_\_

Informal Assessment (method) writing portfolio

Formal Assessment (test) \_\_\_\_\_

Quarterly Review of Short Term Objectives

|                                       | 1st | 2nd | 3rd | 4th |
|---------------------------------------|-----|-----|-----|-----|
| Date Reviewed                         |     |     |     |     |
| Goal Met, Progress Made,<br>No Change |     |     |     |     |
| Comments/Results:                     |     |     |     |     |